

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF LOUISIANA**

**CREDIT/DEBIT CARD ONE-TIME AUTHORIZATION FORM**

I hereby authorize the United States Bankruptcy Court for the Western District of Louisiana to charge the following bank card number for payment of filing fees and other court related expenses as designated on this form.

**Name as it appears on Card:** \_\_\_\_\_

**Signature of Cardholder:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Law Firm/Business:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_  
(Street, P.O.Box, Other)  
\_\_\_\_\_  
(City, State, Zip Code)

**Telephone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**CARD INFORMATION**

**ACCOUNT NUMBER:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

☐ American Express    ☐ Visa    ☐ Master Card    ☐ Discover    ☐ Diners Club

**CHARGE INFORMATION:**      *Please list the appropriate amounts for each applicable charge.*

CASE NUMBER	DEBTOR NAME	FILING/SERVICE	FEE AMOUNT
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**TOTAL CHARGES**      \$ \_\_\_\_\_